UNITED STATES DISTRICT COURT

	DISTRICT OF			
		APPEARANCE		
	C	ase Number:		
To the Clerk of this court and all parties of record	d:			
Enter my appearance as counsel in this ca	se for			
I certify that I am admitted to practice in	this court.			
		AREY D. GORDEN		
Date	Signature			
	Print Name		Bar Number	
	Address			
	City	State	Zip Code	
	Phone Number		Fax Number	